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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/456,303 03/20/2003 *ok* *ee*

** FOREIGN APPLICATIONS *****

none *ee*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/31/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	NY	10	34 19	4 3

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TITLE

Methods and devices for minimizing the loss of blood through a severed sternum during cardiac and/or thoracic surgery

FILING FEE RECEIVED 552	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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